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New York

President: Mr. Kavan ..... (Czech Republic)

In the absence of the President, Mr. Pfanzelter (Austria), Vice-President, took the Chair.

The meeting was called to order at 3.10 p.m.

Agenda item 42 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (*A/57/227* and *A/57/227/Corr.1*)

Mr. Kondakov (Russian Federation) (*spoke in Russian*): The HIV/AIDS pandemic seriously hinders achieving the development goals established in the Millennium Declaration and other key documents adopted at recent major United Nations forums. This problem is urgent for all countries of the world without exception. The severity of the problem is obvious, not only in Africa but also in Central and Eastern Europe, where, as members know, we have recently seen the highest rates of HIV/AIDS prevalence.

This unfortunate situation also exists in Russia, where HIV-infected people number more than 200,000. It is particularly alarming that 70 per cent of them come from the working population, ranging from 15 to 30 years of age. The number of HIV-infected women of childbearing years is growing.

The Government of Russia is taking very serious, comprehensive action in this area. A federal law to prevent the spread in the Russian Federation of diseases caused by the human immunodeficiency virus has come into force. A special federal programme on the prevention and combat of social diseases for the period 2002-2006 is being implemented, including a special subprogramme to combat HIV/AIDS. A programme to prevent mother-to-child transmission has been developed, and active cooperation is under way with our partners in the Commonwealth of Independent States (CIS) in the framework of the document signed on 13 May 2002, creating a programme of urgent measures to combat the spread of the HIV/AIDS epidemic in CIS countries. International cooperation is a significant support to our own efforts in combating this pandemic. We hail the cooperation in this area through the United Nations system, primarily under the auspices of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization, and that involving other international institutions, in particular the Global Fund to Fight AIDS, Tuberculosis and Malaria. In our view, we need to step up efforts to mobilize resources for the Global Fund.

As is known, Russia contributed $1 million to the Fund in 2002. In our view, the fight against HIV/AIDS is now entering a new phase. Previously, creating the necessary resource base was the most urgent task. Now, what has become most urgent is making the most effective use of the resources and improving the strategy for combating HIV/AIDS.

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The basic components for that strategy should be a properly balanced combination of prevention and treatment, on the one hand, and a broad-based, targeted educational campaign, on the other. Education is the most important component of the fight against HIV/AIDS. We need to devise special programmes aimed at certain groups of the population — drug addicts, migrant workers, sex workers and young people. We see great potential for a role to be played by UNICEF, by the World Health Organization and by the Joint United Nations Programme on HIV/AIDS in the development of matrices for educational methodologies that could be fine-tuned for specific regions and countries. In addition, we think that assistance should be given to the training of qualified instructors.

Equally important are the social and human-rights aspects of the fight against HIV/AIDS. Therefore, we believe that consideration should be given to establishing agreed guidelines for the development of national legal guarantees for a non-discriminatory approach towards those who are left vulnerable as a result of HIV/AIDS. It is important that proper medical and social services be provided for HIV-infected families, to overcome the social stigmas associated with the disease, to resolve problems related to the death of HIV-infected persons in a humane way and to develop a hospice network. We think that such an approach, combining medical, social, institutional and legal measures, would definitely improve our effectiveness in dealing with one of the most dangerous plagues of our age — that is, within the framework of international cooperation.

The successful attainment of the goals of the Declaration of Commitment on HIV/AIDS requires a comprehensive, intersectoral approach towards public health as it is linked to economic development. That is how the report of the Secretary-General on progress in implementing the Declaration approaches the problem of HIV/AIDS. We value the report, particularly because it contains well-balanced conclusions and useful recommendations for further measures to implement the Declaration's goals. We support those conclusions and recommendations.

Mr. Manalo (Philippines): At the outset, I wish to emphasize the great importance that my delegation attaches to this agenda item. In that regard, I wish to reaffirm my Government's commitment to addressing the problem of HIV/AIDS in all its aspects at the national, regional and international levels. My delegation also wishes to express its appreciation for the report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/57/227 and Corr.1).

Today, the scale of the AIDS crisis outstrips even the worst-case scenarios of a decade ago. Dozens of countries are in the grip of the HIV/AIDS pandemic, and many more are at the brink. Based on current trends, it is projected that, between 2000 and 2020, 68 million people will die from AIDS in 45 of the most affected countries. Moreover, the HIV/AIDS pandemic shows no sign of levelling off in the hardest-hit countries, and as much as $10 billion is needed annually to fight it effectively. HIV/AIDS is a global health catastrophe that has decimated populations and left millions of children bereft of care, guidance and a secure future. By diminishing the number of productive citizens, it has also retarded economic growth and development.

The Declaration of Commitment on HIV/AIDS establishes time-bound targets to which Governments should be held. The Declaration calls for an expanded global response in areas including leadership; prevention, care and support; human rights; orphans and children left vulnerable; research and development; and resources. We also support the United Nations system's framework for accelerated action on HIV/AIDS in four key areas. These include advocacy, including promotion of the Declaration and its endorsement by global and regional conferences; normative guidance and operational support, with an emphasis on guidance for United Nations country teams; communications and public information; and civil society support. In that regard, we welcome the efforts of the Joint United Nations Programme on HIV/AIDS for its monitoring and evaluation framework, tailored to the Declaration's goals and targets at both the global and national levels.

I wish to inform the Assembly that the principles of the Declaration are embodied in a Philippine law adopted in 1998. That law articulates the State's intent to mitigate the impact of HIV/AIDS across all sectors of our society. Following the strong commitments made by our Government through its acceptance of the goals and time-bound targets set by the Declaration of Commitment on HIV/AIDS, the Philippines has taken action in support of those goals and targets. In that regard, our Government submitted a $35 million

proposal last September to the Global Fund to Fight AIDS, Tuberculosis and Malaria, of which $13 million was proposed for the HIV/AIDS component.

The Philippines, in partnership with the United Nations Development Programme, also hosted a collaborative meeting among member countries of the Association of South-East Asian Nations (ASEAN) in the Greater Mekong Delta in April 2001. The Philippine experience served as the ASEAN model for responses to HIV/AIDS-related vulnerability among migrant workers. We have also participated actively in other international conferences on HIV/AIDS. At the regional level, an ASEAN task force on HIV/AIDS has been established. One of its recent activities, in which the Philippines participated, was the exchange of information during exploratory meetings on increasing access to HIV/AIDS drugs, held last June in Indonesia.

We will continue to support programmes that enhance regional and international networking, including South-South cooperation programmes on best practices with regard to dealing with this growing pandemic. We also support efforts to mainstream the HIV/AIDS issue into the development agenda, as it is a serious challenge to a people's health and to a nation's sustained growth and development. In that regard, alternative job opportunities should be provided to reintegrate people living with AIDS into their families and communities.

While many countries have developed national AIDS strategies aimed at meeting the global and national challenges encountered in implementing the Declaration of Commitment on HIV/AIDS, the alarming magnitude and spread of this deadly disease urgently require focused and concerted action on the part of all nations.

Mr. Briz Gutiérrez (Guatemala) (*spoke in Spanish*): I have the honour to speak on behalf of the member States of the Central American Integration System — Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama — as well as on behalf of the Dominican Republic, in its capacity as observer.

First of all, I should like to thank the Secretary-General for preparing and submitting the report on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/57/227 and Corr.1). The report not only gives us an idea of the progress made since the adoption of the Declaration of Commitment on HIV/AIDS, but it also serves us by focusing on areas in which greater efforts are still required.

Data recently provided by the Joint United Nations Programme on HIV/AIDS show that, far from having stabilized as it was expected to do some time ago, the epidemic continues to spread. Here, we hail the efforts being made in Africa and in Asia, where countries such as Uganda, Zambia and Cambodia offer commendable models of how to reverse the course of generalized epidemic through firm political commitments and large-scale prevention programmes, carried out despite unfavourable socio-economic conditions.

We further express our solidarity with our Caribbean brothers who, by reason of their adult HIV prevalence rates, live in the second most affected area in the world after sub-Saharan Africa. We praise the efforts they are making at the regional level through the Pan-Caribbean Partnership, which are coordinated by the secretariat of the Caribbean Community.

In the case of Central America and the Dominican Republic, reports indicate that in some countries the estimated prevalence of HIV among pregnant women is equal to or higher than 1 per cent due especially to the fact that the epidemic is deeply rooted in the general population. In addition, the same reports show that the combination of uneven socio-economic development and the considerable mobility of the population are factors that favour the spread of HIV in Central America, with the epidemic concentrated chiefly in socially marginalized groups. Population mobility is becoming a significant factor in the spread of the epidemic to the extent that some recent research underscores the need for interventions at frontier posts and transit stations with a view to protecting migrant workers and sex workers from infection.

Protecting vulnerable mobile populations, including adolescent girls and young women, is now the focus of the AIDS and migration project, a regional initiative established by the Governments of Central America, Mexico and the United States. Were the epidemic to continue with the characteristics I have mentioned, it can be assumed on the basis of a mathematical projection that over the next 10 years it could significantly impair productivity and development in our region.

It is for those reasons that the Governments of the Central American Integration System (SICA) and the

Dominican Republic have launched national AIDS programmes, some of which have been reviewed this year. In formulating or reviewing many of these plans, we have had the benefit of far-reaching participation by non-governmental organizations, people living with HIV/AIDS, relevant ministries, human rights ombudsmen, social security systems and even the armed forces.

In compliance with the Declaration of Commitment, some of our countries have initiated programmes for preventing mother-to-child transmission by providing AZT to HIV-infected pregnant women from the fourteenth week of pregnancy and to children at the time of birth. They have likewise concluded agreements with non-governmental organizations of people living with HIV/AIDS in order to provide them with antiretroviral treatment and to enable them to contribute to institution-building.

But these national, regional and even interregional efforts are not sufficient. We need the support of the international community. At the Latin American level there has been a rapid increase in South-South cooperation, it being understood that groups that exchange knowledge become more powerful and efficient. Such efforts deserve to be highlighted. It is nevertheless essential that we continue to explore all the tools set out in the Agreement on Trade-Related Aspects of Intellectual Property Rights, not only to produce generic drugs, but also to enable developing countries to protect the health of their populations.

Our countries believe in a human-rights-based approach, and statutes have been enacted to promote education as from the primary level, thus giving priority to prevention among the young. These laws further aim at preventing the HIV-related stigmatization and marginalization of vulnerable populations and of persons who have been infected or affected by the virus.

The Governments of SICA countries and the Dominican Republic wish to reaffirm the commitment we assumed at the twenty-sixth special session, as well as our conviction that through leadership at the highest level it will be possible to change the HIVAIDS situation in our region.

Mr. Fall (Senegal) (*spoke in French*): The African Group has honoured me by asking me to speak on its behalf under agenda item 42. I accept its invitation and am very pleased to comply with its wishes.

Some figures will make it possible to construct the horrifying picture that we see and to give an idea of this apocalyptic vision of a terrible scourge with horrible social, economic and humanitarian consequences. This year HIV/AIDS will have infected 27 million Africans, 75 per cent of those infected worldwide, claiming far more victims than in all African conflicts or in the Second World War.

Children and young people constitute the majority of those affected. The epidemic has had a major negative impact on the development of children, on the reproductive health of young people and on life expectancy, which has been shortened by 20 per cent and which has fallen well below 40 years of age. Poverty, malnutrition and illiteracy, all contribute to the spread of AIDS; the pandemic has led to the reappearance of endemic parasitic and infectious diseases and has seriously undermined the quality of human resources, sustainable development, the survival of African peoples and of humanity as a whole, and hence international security, to the extent that the problem of AIDS was for the first time placed on the agenda of the Security Council, in January 2000 (*see S/PV.4087*). The war on AIDS needs to be expanded and made more systematic. There needs to be an increase in financial resources and development aid. A minimum of $3 billion a year is required, according to projections by the Joint United Nations Programme on HIV/AIDS (UNAIDS), in order to effectively combat this pandemic in Africa alone.

This was the theme of the Second African Development Forum, organized by the Economic Commission for Africa in November 2000 in Addis Ababa; of the Lome Declaration on HIV/AIDS in Africa, adopted at the thirty-sixth Summit of the Organization of African Unity (OAU); of the Ouagadougou Commitment of 9 May 2000, adopted within the context of our international partnership against HIV/AIDS; and of the Declaration and Framework for Action adopted at the OAU special summit on HIV/AIDS held in Abuja in 2001.

Over the past decade or so, African heads of State or Government have adopted a wealth of resolutions and declarations raising the consciousness of populations in Africa and throughout the world about

the vital need to control this scourge through two successive approaches. The first phase is to adopt programmes of action organized around the Dakar Declaration on the AIDS Epidemic in Africa, adopted on 1 July 1992 at the twenty-eight OAU Summit, as well as a six-point programme of action focusing on political mobilization, prevention, treatment, research, partnership between the public and private sectors and external resources. Here I should mention also the Tunis Declaration on AIDS and the Child in Africa, adopted on 15 June 1994 at the Thirtieth OAU Summit.

The second phase is that of an overall assessment of political reorientation and the reallocation of resources in the framework of a new partnership. Steps towards this end include the decision taken at the 68th session of the Council of Ministers of the OAU, on 7 June 1998, on the follow-up to OAU resolutions and declarations; the Ouagadougou Declaration, adopted at the 34th OAU Summit, on the creation of an African fund to combat AIDS; the Algiers Declaration of the 70th Council of Ministers of the OAU on cooperation among the OAU, the Joint United Nations Programme on HIV/AIDS, the World Health Organization and the United Nations Children's Fund, in the framework of an innovative and synergetic partnership; and the commitments undertaken at Ouagadougou by the African Ministers of Health.

Hence, the Abuja Framework of Action and Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Africa, adopted on 25 April 2001 following the African Summit, gave new momentum to the mobilization of our continent against the exponential spread of this pandemic. Abuja also identified areas requiring priority action, which were taken up again and endorsed by the special session of the General Assembly on HIV/AIDS, held in June 2001 in New York. The Declaration of Commitment that emerged from that session highlights, inter alia, the lack of resources devoted to this epidemic; the need for national, subregional and regional capacity-building in the combat against AIDS and for the strengthening of international cooperation; and the need to forge dynamic partnerships, in particular among Governments, the United Nations system, international organizations, non-governmental organizations, pharmaceutical companies, and the public and private sectors.

The Declaration also urges regional organizations and partners actively to participate in the quest for solutions to the HIV/AIDS crisis. It also calls for support for regional and subregional initiatives relating to this pandemic, in particular the International Partnership against AIDS in Africa; the Economic Commission for Africa (ECA) African Development Forum Consensus and Plan of Action; and the Abuja Declaration and Framework for Action.

To sum up, the Declaration of Commitment stresses the following concerns and priorities: prevention; care; support and treatment; HIV/AIDS and human rights; protection for vulnerable persons and AIDS orphans; mitigation of the socio-economic impact of the disease; research and development; HIV/AIDS in conflict areas; the question of resources; and, last but not least, the question of follow-up to the implementation of these commitments.

This last point is crucial for Africa and for our group. In this respect, might I recall the following facts.

The special session on AIDS was held largely because of the spread of the pandemic in Africa, but also, and especially, because of the mobilization of our group and of its regional partners, which together brought their full force to bear on the issue. More than three quarters of the heads of State or Government who participated in that session were from Africa. But unfortunately, despite the commitments undertaken in June 2001, the pandemic continues to gain ground in Africa. The resources that we need are not yet available, and access to antiretroviral drugs and other forms of treatment is still difficult and costly.

So how can we continue to ensure that Africa plays a key role in the continuing mobilization of people in the fight against the pandemic? How can we ensure the speedy implementation of the commitments undertaken at the special session?

Humbly, I would suggest the following thoughts in response to that crucial question. I think, first, that it is important to stress the need for robust national follow-up by our Governments in order to develop and strengthen ongoing comprehensive follow-up action here at the United Nations.

First, at the national level, as stressed in the Declaration of Commitment, we must maintain and strengthen the momentum created at that special session. In that context, three tasks were assigned to our Governments: periodic national assessments of the

progress made and the obstacles encountered in implementing the June 2001 commitments; the development of monitoring instruments and mechanisms, on the basis of sufficient epidemiological data; and the promotion and protection of the fundamental rights of HIV-infected persons.

For these reasons, it is important for us all to know what has been done and what has been planned in our various countries over the last year, in particular to put in place a bold policy of information dissemination, education and consciousness-raising, together with the various stakeholders, the public and private sectors, political and religious groups, non-governmental organizations, civil society, and other forces that shape public opinion.

Secondly, at the regional level, the OAU — now the African Union — and the subregional organizations must also play a part. The General Assembly recommended the inclusion, where appropriate, of the HIV/AIDS issue on the agenda of regional meetings held at the ministerial or summit level. The various subregional chapters of our group will ensure that this recommendation is implemented within, inter alia, the Arab Maghreb Union, the Economic Community of West African States, the Central African Economic and Monetary Community and the Southern African Development Community (SADC), and during regular OAU/African Union meetings.

Thirdly, at the global level, I wish to recall at the outset that three main recommendations were made by the special session: that at least an entire day during the regular session of the General Assembly be devoted to consideration of the report of the Secretary-General on the progress made in the implementation of the Declaration of Commitment, including a debate on the report; that AIDS-related items be included on the agendas of all relevant United Nations conferences and meetings; and that initiatives be taken to organize conferences, seminars, study days, training sessions and so on, to ensure that all questions covered in the Declaration of Commitment are followed up, and that the experience and expertise of our research specialists and of our human resources are shared for the benefit of all, so that we can help to create synergy of action in the fight against this scourge.

We welcome the excellent report of the Secretary-General on progress made in the implementation of the Declaration of Commitment on HIV/AIDS. This report likewise stresses the obstacles that need to be overcome and the constraints of all kinds that need to be eliminated to speed up the effective implementation of the Declaration. As the report states, several sub-Saharan African countries have already mainstreamed into their national strategies, or are in the process of doing so, the goals of the Declaration, in the context of specific time frames.

Africa welcomes the extraordinary mobilization of the entire United Nations system to implement the Declaration of Commitment. We must also mobilize young people, non-governmental organizations and persons living with the disease in the context of our national and regional strategies for combating HIV/AIDS.

But one cannot overemphasize the imperative need for a substantial increase in the resources earmarked for the campaign against HIV/AIDS. A total of $10 billion will be needed by 2005 to strengthen global action against AIDS.

The resources of the Global Fund, which was established this year, must therefore be increased and consolidated. Impact studies should also be carried out to enable us to better understand the effects of the pandemic on families, communities and society in general, as well as on the economic and social policies of our States. Greater attention should be paid to this disease in regions or countries that are suffering from armed conflict.

In conclusion, I would like to express the full support of the African Group for the 12 recommendations in the Secretary-General's report. We have no doubt whatever that the General Assembly will strongly and unanimously endorse those recommendations so that the priorities established for 2003 can be attained.

Can we rise to this tremendous challenge to human solidarity and build a world completely free from AIDS and other diseases and scourges — a world of peace and security, where extreme poverty and destitution can be overcome? We still have time to raise our sights, because we now have real grounds for hope and a common determination to work together. But we must start here and now.

Mr. **Naidu** (Fiji): I would like to thank the President for giving me the opportunity to speak on this agenda item on the report of the Secretary-General

on progress towards the implementation of the Declaration of Commitment on HIV/AIDS, and I am honoured to do so on behalf of the Pacific Islands Forum countries with missions in New York: Australia, the Marshall Islands, the Federated States of Micronesia, Nauru, New Zealand, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and my own country, Fiji, as well as Kiribati and Palau. The Pacific Islands Forum group also addressed the special session on HIV/AIDS, which took place in May 2001, on issues which are also relevant to our discussion today.

We would like at the outset to note the reported successes that Cambodia, Thailand, Uganda and Zambia have achieved in combating the HIV/AIDS epidemic. Those successes give us hope that our concerted effort is the global way forward.

Despite those trends, HIV/AIDS remains the worst epidemic, and one of the greatest development, security and global challenges, in human history. In the worst affected countries of the world, one quarter of the total population is infected with the HIV/AIDS virus. The impact of the epidemic in those countries is disastrous: the workforce is significantly reduced; millions of children are orphaned; and opportunities for social, economic and other forms of development are seriously affected. With over 40 million people living with the virus, and given the continuing, alarming rate of infection of 5 million people every year, urgent action is imperative in order to stem the tide of this scourge.

For the Pacific region, the comparatively low rate of reported infections presents the danger of a false sense of security or of immunity against HIV/AIDS. More realistically, the rate of HIV infection is increasing in the Pacific region, and it remains a high-risk area. Since the special session on HIV/AIDS last year, positive cases have been reported in previously unaffected Forum member States. Statistics also show that the number of those infected in some Pacific States has doubled. The Secretary-General's report on this global trend upwards is sobering. However, we take comfort in the time-bound, quantifiable and targeted commitments in the special session's Declaration. Those are the benchmarks that can guide Member States today as we begin to respond to the projections, and to the new and deviating trends that the virus is now displaying. We recognize the important role that awareness-raising and education play in any prevention campaign.

While reflecting on the achievements and progress we have made thus far in the battle against HIV/AIDS, the report reminds us of the mammoth tasks ahead in implementing commitments to combat the pandemic. We have indeed covered considerable ground in 16 months, notably in the areas of leadership, partnership and resources.

Leadership at the global level has enabled the international community to be sensitized on HIV/AIDS. HIV/AIDS has been given due prominence and focus in critical international meetings for the decade, beginning with the Millennium Summit, the Doha Ministerial Conference and the Johannesburg World Summit on Sustainable Development.

Efforts at the regional level include the formulation of appropriate policy directions and mechanisms and the mobilization of resources and initiatives in the battle against the epidemic. The Pacific Islands Forum prioritized HIV/AIDS in its political communiqué of August 2002. In calling for additional measures at the regional level, the Forum leaders directed the Forum secretariat to spearhead the development of a Pacific Regional Plan of Action Against HIV/AIDS. They also endorsed a concerted regional approach to accessing international financial assistance from sources such as the Global Fund to Fight HIV/AIDS. On a broader scale, States within the Asia-Pacific region, particularly the more vulnerable small island States, have benefited from a more focused subregional approach.

Our regional efforts are hampered by compounding difficulties, such as the lack of funding and technical capacity in our regional organizations to implement these regional initiatives. Hence, there is an urgent need for international support and assistance in our collective struggle against the epidemic.

A total of 91 countries have put in place national strategies and established national AIDS councils, as well as nationwide programmes and activities to combat the HIV/AIDS epidemic. However, other countries, including certain worst affected countries, have yet to establish such national instruments to address the epidemic.

Most of our members have in place appropriate national HIV/AIDS policies, as well as legal,

administrative and institutional mechanisms and programmes. The cross-sectoral involvement of all Government ministries, non-governmental organizations and private sector and other relevant stakeholders in the implementation of policies and programmes needs to be harnessed and better coordinated. In our region, efforts to implement policies and programmes are often impeded by lack of financial resources and technical expertise.

Greater involvement of young people as significant agents for positive change in this challenging area is being pursued in our region. We have started to look at improving media tools and perspectives in the handling of HIV/AIDS. A recent breakthrough in access to antiretroviral drugs in our region needs financial backing for greater access. Most of our members have provided funding and technical assistance within our region.

We acknowledge the valuable financial contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, including contributions by some of our own Pacific Islands Forum members. The Global Fund has certainly assumed an important responsibility in the provision of much-needed support and assistance to developing countries in their battle against HIV/AIDS. In particular, the Fund can assist in mobilizing resources from the private sector, which is very important if the $10 billion annual requirement from all sources to fight HIV/AIDS is to be achieved. The Fund's targeted disbursements of $3 billion next year represent a 50 per cent increase over the amount available last year. We are, therefore, confident that resources will continue to be mobilized and positive impacts will continue flowing from its allocation to low and middle-income countries. Our group reiterates that a small fraction of the $3 billion figure would more than arrest the rate of infection in our small island populations. We need to be assisted in this venture to reach a very positive outcome, which is possible in the Pacific region.

The achievement of our common objectives in such areas as prevention, care, treatment, reducing vulnerability, assistance to children orphaned by AIDS, alleviating social and economic impact and research and development are contingent on the availability of adequate resources at the disposal of developing countries. The small populations and unique vulnerabilities that our small island developing member States face have prioritized prevention strategies in national action plans. In this connection, the report favours our strategy in highlighting the significance of prevention, where it describes the sustained rate of infection in high-income countries, despite all their advantages of access to care.

We would be remiss if we did not note the involvement of important partners in galvanizing our collective efforts. We commend the leadership provided by the Joint United Nations Programme on HIV/AIDS and the work of its member agencies or co-sponsors system-wide. We appreciate their efforts to work collaboratively with national and regional civil society organizations, non-governmental organizations (NGOs) and private sector bodies to fight HIV/AIDS in their programme areas and activities.

In conclusion, these international achievements, including the establishment of the Global Fund to Fight HIV/AIDS, United Nations system-wide collaboration and partnership with the World Bank, NGOs, civil society, and other stakeholders, must be sustained if we are to meet our common objective to reduce by 2005 HIV prevalence among young men and women, aged 15 to 24, in the most affected 25 per cent of the population, and 25 per cent globally by 2010.

For developing countries, resourcing needs constrain the ability to make progress in the battle against HIV/AIDS. Recognizing these special needs, we encourage the international community to provide financial and technical assistance to developing countries, such as the Pacific Island countries, to enable them to pursue both regional and national initiatives in the battle against the HIV/AIDS epidemic.

Mr. Talbot (Guyana): The subject of HIV/AIDS is of great importance and concern to Guyana. Being part of the Caribbean region, which has the second highest incidence of HIV/AIDS infection in the world, and faced with a very serious problem in our own country, we are pledged to exerting every effort at all levels — nationally, regionally and internationally — to rid the world of this scourge. It is against this background that I am honoured to set out the views of my Government at this stage on the item before us. In so doing, I wish to express my appreciation to the Secretary-General for the presentation of a clear and thoughtful report on progress towards implementation of the Declaration of Commitment on HIV/AIDS, which is contained in document A/57/227.

The report of the Secretary-General presents a mixed picture of the progress made since the Declaration was adopted in June 2001. On an encouraging note, the report points to signals of increasing political commitment, as well as additional resources, devoted to combating HIV/AIDS. On the other hand, it makes clear that the global response has so far been insufficient to meet the challenge of successfully halting and reversing the spread of this pandemic. The Secretary-General thus makes an urgent call for the scaling up of global efforts to halt the advance of the HIV/AIDS epidemic, a call that my delegation wholeheartedly supports.

Of particular concern to us in Guyana is the fact that the infection rate is highest among those who are 15-49 years of age. In addition to its heavy human toll, the disease constitutes a serious threat to the productive sector of our population, as well as to our efforts to promote economic and social development. For these reasons, my Government has redoubled its efforts, with the help of the international community, including sisterly developing countries, and agencies such as the United States Agency for International Development and the Canadian International Development Agency, to combat the spread of this dreaded disease in Guyana.

Since the convening of the United Nations General Assembly's special session on HIV/AIDS last year, significant progress has been made at the national level. HIV/AIDS has been incorporated into Guyana's Poverty Reduction Strategy, and our 2002 allocation to address this pandemic has more than doubled, compared to the allocations made in 2001; this was facilitated in part by debt relief received under the Heavily Indebted Poor Countries (HIPC) Debt Initiative. In addition, earlier this year, my country conducted a response analysis of its HIV/AIDS programme, which led to the development of a Multisectoral Strategic Plan for 2002 to 2006, replacing a previous Strategic Plan that covered the period of 1999 to 2001.

Guyana's Multisectoral Strategic Plan emphasizes a three-pronged approach to halt and reverse the spread of HIV/AIDS and focuses on prevention, treatment and care and other forms of support for the victims of this tragedy. In collaboration with various partners of the United Nations Theme Group operating locally, the peer education and youth-specific HIV education programmes have been expanded, and culturally appropriate messages have been developed and are being delivered at popular youth events. Time-bound targets for reducing the prevalence of HIV among young people aged 15 to 24 have also been incorporated into the national strategic plan as a means of evaluating progress. The prevention strategy further takes into consideration mother-to-child transmission. On 21 November 2001, a pilot programme was initiated that offers voluntary counselling and testing services, as well as mother-to-child transmission care, to all prenatal women attending the pilot sites. Mothers are counselled about their breast-feeding options, and infants born to mothers who choose not to breast feed are provided with free breast-milk substitutes. In health care settings precautions have been strengthened with the provision of post-exposure prophylaxis with antiretroviral drugs to health care workers in all regions of the country.

A very significant development in the combat of HIV/AIDS in Guyana was the commencement in March of this year of the manufacture of antiretroviral drugs and the accompanying treatment programme. Under that programme, access to antiretroviral drugs is now universal and provided free of cost. Furthermore, voluntary and confidential counselling services, as well as testing facilities, have been expanded, with the increasing partnership of non-governmental organizations.

Notwithstanding the substantial efforts being made at the national level to combat the spread of HIV/AIDS, much more remains to be done, especially with regard to efforts to foster change in sexual behaviour and to bring an end to the stigmatization and discrimination of infected individuals. In addition, programmes will also have to be developed locally with regard to the care of children orphaned by the disease.

Our efforts at the national level have been complemented by regional initiatives such as the Pan-Caribbean Partnership, which is a collaborative effort of the member States of the Caribbean Community (CARICOM), to combat the HIV/AIDS epidemic. Through that mechanism, CARICOM as a region earlier this year successfully negotiated with pharmaceutical companies for cheaper antiretroviral drugs, in an effort to accelerate access to treatment and care. Although the cost of these drugs has been significantly reduced, to approximately $1,200 per person per year, it is still too expensive a form of treatment that is beyond the capability of many of our

member States. In addition, national AIDS programme managers and coordinators in the region have also aligned themselves into the Caribbean Coalition of National AIDS Programme Coordinators, which serves as a useful forum for exchange of experiences and the development of best practices within the region.

During the General Assembly special session, held last June, my delegation clearly articulated how national efforts to combat the spread of AIDS could be stymied by a lack of resources. We underscored the grave threat that would be faced by countries if urgent action were not taken to significantly increase the levels of investment in the care, treatment and prevention of this disease. We remain convinced that further concerted action in the following areas is essential to provide new impetus and impact to action at the national level.

First, there must be increased collaboration between international development agencies and international financial institutions, with a view to the provision of further debt relief to heavily indebted countries in order that more resources can be made available to strengthen national health care systems and address the current crisis.

Secondly, relevant United Nations agencies should intensify their efforts, working with Member States, to support the development of national strategies aimed at halting and reversing the spread of AIDS.

Thirdly, greater efforts are needed at both the global and the national levels to ensure that antiretroviral drugs are made more accessible to persons in developing countries.

Fourthly, we urge countries in a position to do so to increase their contributions to the Global Fund in order to facilitate its work in the areas of HIV/ AIDS, tuberculosis and malaria. While it has been estimated that some $10 billion is required annually to combat the spread of this disease, we note that, to date, the resources of the Fund amount to little more than 20 per cent of what is required.

In conclusion, I would wish to underscore the fact that my Government continues to face great challenges in its effort to combat the spread of AIDS in Guyana. At the same time, I am honoured to reiterate our commitment to actively collaborate with other Member States and the international community at large in efforts to halt the spread of this global scourge. We firmly believe that our collective response to the pandemic must be commensurate with the global recognition that HIV/AIDS is the single greatest threat to the well-being of future generations.

Mr. Acemah (Uganda): My delegation welcomes this opportunity to hold discussions on HIV/AIDS. This confirms the commitment of the international community to update itself on how far we have come, but, more importantly, on how far we have to go. We thank the Secretary-General for his leadership in this regard, and for his report on progress towards the implementation of the Declaration of Commitment on HIV/AIDS (A/57/227).

Much as Uganda has dealt with the HIV/AIDS pandemic for approximately 20 years, my delegation views this plenary meeting as an opportunity to listen to others and to learn from them regarding what we may not have done to combat the pandemic. The Government of Uganda has achieved remarkable success in efforts to grapple with this problem, but I would not underestimate the fact that a lot remains to be done.

Over 1 million Ugandans are infected with HIV/AIDS and approximately the same number have died as a result of the disease, children continue to be born with HIV and there are many orphans whose parents have died of AIDS. Today almost 2 million children in Uganda have been orphaned, and many of those orphans are infected with the disease.

The pandemic has had a devastating impact on our medical facilities, economy and social structures, especially the family, thus presenting a major security threat. The dynamics of society have changed to a large extent due to the fact that a large number of the productive segment of the population have been infected or affected by HIV/AIDS. The situation I have described has not left Ugandans in despair. People living with HIV/AIDS in Uganda have become an effective weapon against the pandemic. The Ugandan Network and Association of People Living With HIV/AIDS has mounted effective advocacy and awareness-raising campaigns.

Ugandans living with HIV/AIDS are cooperating with people living with HIV/AIDS in other countries of the world to share experiences. We hope that this and other partnerships worldwide will gain momentum into a global campaign to fight the pandemic. Very soon in

Uganda there will be a convergence of great minds from different parts of the world to take on the problem. Those great minds will include people living with HIV/AIDS. Public debate about the pandemic is an effective mechanism for sensitizing the masses while at the same time seeking solutions.

HIV/AIDS remains a complex problem with no known cure. Uganda recognizes that it is a multidimensional problem that requires a multisectoral approach. Uganda has made the few successes for which it is recognized by harnessing the few opportunities available to its people. With limited scientific information available, fear, panic, denial, stigma and discrimination were prevalent in the past. However, owing to the political will and leadership on the part of the President of Uganda, acceptance is becoming the norm and the rate of infection has been significantly reduced.

Openness, political support and commitment have been key to reducing the number of HIV/AIDS cases, since the youth are being educated about the problem. The President of Uganda has instituted a mechanism through which he is frequently briefed on the education in schools regarding HIV/AIDS. Local leaders have followed the example of the President by addressing grass-roots communities. Awareness levels have risen to 99.7 per cent and knowledge is at 78 per cent of the population.

HIV/AIDS issues are part and parcel of Uganda's national programmes including education, the Poverty Eradication Action Plan and debt relief. Resources from debt relief have been channelled to AIDS activities, as well as the empowerment of women and girls, health care and law reform measures. Also important to the Government is cooperation with the private sector, the business community and civil society. The Uganda AIDS Commission is spearheading coordination of multisectoral efforts to review progress, identify gaps and set national priorities and strategies to ensure timely delivery and coverage of prevention and care services.

Uganda needs grants and other support measures to help us intensify our response. We welcome assistance from the international community in that regard.

Even with openness, political leadership, sensitization and education, there remains the fact that a large number of people need effective medication to mitigate their suffering and to help curb opportunistic infections like malaria, pneumonia, tuberculosis and others. Counselling has to be made available to all who have experienced trauma, distress, stress and depression.

Uganda's Ministry of Health is engaging in the provision of antiretroviral drugs to prevent mother-to-child HIV/AIDS transmission. Programmes and activities have been developed and implemented in areas of voluntary counselling, testing and blood safety. Pharmaceutical companies have, therefore, a major role to play in that regard. These companies are already providing some assistance, which we highly appreciated. The Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund, the Food and Agriculture Organization of the United Nations, the Office of the United Nations High Commissioner for Refugees and many other organizations should be commended for their efforts as well. We appeal to the international community, in particular the donor community, to contribute generously to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The support of development partners in planning and resource mobilization and in providing guidance is crucial in that regard.

Uganda believes that we must all work together until we achieve zero prevalence and develop a vaccine against HIV/AIDS. The International AIDS Vaccine Initiative is already working toward that goal. Behaviour has to change. Health and education, targeting the girl-child in particular, standards and delivery systems must be strengthened. Services should reach the masses through decentralization. Poverty must be reduced, especially through debt cancellation and agricultural modernization, and employment opportunities must be provided, especially for women.

In closing, Uganda concurs with the recommendations of the Secretary-General in his report, and we support the proposal to devote at least one full day to discuss problems related to HIV/AIDS during the fifty-eighth session of the General Assembly.

Mr. Swe (Myanmar): My delegation is pleased to see you, Sir, presiding over the Assembly, especially at a time when we are discussing a topic that is so important to people the world over. I also wish to express my appreciation to the Secretary-General for his comprehensive report on progress towards the

implementation of the Declaration of Commitment on HIV/AIDS. The report attempts to evaluate how far the world community has come in its fight against HIV/AIDS since the Declaration was adopted by Member States at the special session of the General Assembly in June last year. My delegation wishes to associate itself with the statement made by the representative of Brunei Darussalam on behalf of members of the Association of the South-East Asian Nations.

The HIV/AIDS pandemic has been with us for the past two decades. It has caused untold suffering to the world community, and its toll is rising. In his address to the twenty-sixth special session of the General Assembly on HIV/AIDS, the Secretary-General had mentioned that almost 22 million people have died of AIDS worldwide and that 13 million children have been orphaned. Again, in his World AIDS Day message of 1 December 2001, the Secretary-General mentioned that, every hour of every day, almost 600 people are infected and that 60 children die of the virus every hour. In this year's report, the Secretary-General mentions that, unless there is a scaled-up effort of the global community, 45 million new infections are projected to occur between 2002 and 2010. The special session of the General Assembly on HIV/AIDS brought together Governments, civil society and the private sectors as never before to find common resolve to fight this growing pandemic. We take heart that, following the adoption of the Declaration of Commitment on HIV/AIDS, there is now a new collective level of commitment.

To combat the HIV/AIDS pandemic, we need to take effective action at the international, regional and national levels. May I apprise this Assembly of Myanmar's endeavours to meet the time-bound commitments set out in the Declaration, highlighting national leadership and regional collaboration, prevention by creating awareness, cooperation with United Nations agencies and the active role of non-governmental sectors in the fight against HIV/AIDS.

In Myanmar, HIV/AIDS is designated a disease of national concern, together with malaria and tuberculosis. National leadership is provided by the National Health Committee, under which the National AIDS Committee, chaired by the Minister for Health, is spearheading a programme in which all agencies of the Ministry of Health are actively engaged in HIV/AIDS prevention and control activities. Myanmar is made up of seven States and seven divisions, and each State and division has its own AIDS Committee, empowered by the National AIDS Committee. To boost regional collaboration, in November 2001 Myanmar joined the heads of Government of other countries of the Association of South-East Asian Nations to pledge joint leadership in the fight against AIDS. Myanmar and its neighbours are also exchanging experiences through partnerships, such as the Mekong Partnership and Beyond.

The Secretary-General in his report mentions that young people can be effective HIV prevention messengers, which is what we are doing in Myanmar. School-based Healthy HIV/AIDS Prevention Education, also known as SHAPE, has brought lifeskills-based education on HIV/AIDS and sexually transmitted infections (STI) to over 1.2 million Myanmar schoolchildren in over 9,000 schools. SHAPE's "spiral curriculum" combines age-appropriate information about HIV/AIDS and healthy living, with lifeskills and peer education components, for children aged seven to fifteen. SHAPE is designed in such a way that children bring what they learn in school to their families and to their communities through community activities. SHAPE has been integrated into the national curriculum and implementation is steadily growing towards the nationwide scale.

A Myanmar-language publication by the name of "100 Frequently Asked Questions" has been published and widely distributed since December 1999 and is still in great demand. The book deals with the ABCs of HIV prevention and care and also tackles complex moral questions. Since last year, sections of this publication have been regularly published in English and Myanmar-language newspapers.

To further create awareness and reduce the stigma of HIV/AIDS, the Government also uses the most popular form of the media — the television — to reach the masses through documentaries and films.

Non-governmental organizations (NGOs) also play an active role in HIV prevention and care. National NGOs, such as the Myanmar Red Cross Society, have been implementing a community-level peer-education project for youth since 1994 and a notable national NGO, Myanmar Maternal and Child Welfare Association (MMCWA) also conducts very successful lifeskills-based HIV/AIDS/STI training

programmes for women and youth. MMCWA also runs another type of programme, aimed at women of reproductive age, which has gained popular acceptance. We are appreciative of the support of the United Nations Children's Fund (UNICEF) for these activities in 19 townships.

Following a joint UNICEF/United Nations Population Fund assessment of the need and feasibility of prevention of mother-to-child transmission (PMCT) interventions, 2001 saw the launch of two PMCT pilots projects in areas of high maternal HIV incidence, one in Tachileik and the other in Kawthaung, both of which are in the border regions. An HIV/AIDS counselling manual, with particular emphasis on the prevention of mother-to-child transmission, has also been adapted for Myanmar and the Government has designed a national strategy, policies and guidelines on PMCT in close collaboration with United Nations agencies.

We are combating the global menace of HIV/AIDS nationally as a topmost priority. We take the matter very seriously. Despite that, there are those who would resort to any device to vilify my country and discredit its achievements. Using a grossly inflated estimate of 500,000 people living with HIV/AIDS, there have been frequent attempts to projecting Myanmar as a country which has done little to combat this global menace. As the facts bear out, nothing could be further from the truth. It is pertinent to note that the Ministry of Health and the Joint United Nations Programme on HIV/AIDS in Geneva jointly held a workshop in March 2002 on estimates of people living with HIV/AIDS in my country. The outcome of the meeting was an estimate of 177,279 people living with HIV/AIDS by the end of 2001. It was also concluded that HIV infection in Myanmar was not generalized, but more concentrated in high-risk groups.

The report of the Secretary-General indicates an increase in national investments in HIV/AIDS programmes. We are happy to see that political commitment, regional collaboration, openness and engagement by non-governmental sectors have increased worldwide. However, as the Secretary-General has rightly pointed out, the implementation of national AIDS strategies in most countries has been slow, in large measure owing to a lack of resources and technical capacity. In this regard, my delegation welcomes the establishment of the Global Fund.

May I conclude by urging the international community, particularly the developed countries, to continue to assist the developing countries in their fight against the HIV/AIDS pandemic. It has cost too many lives and untold miseries. Of all human rights, the right to life is surely the most precious.

Mr. Davison (United States): Many strides have been made in the fight against HIV/AIDS since the United Nations General Assembly's special session on HIV/AIDS in June of 2001, and the United States is proud to be at the forefront of many of these efforts. But much more remains to be done. The United States will continue to work in partnership with other nations and civil society, including faith-based and community-based organizations to continue the fight and make a difference in the lives of those living with HIV and AIDS.

The most laudable achievement since the special session was held is the rapid establishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. At the special session, it was still a vision to be fulfilled, as foreseen by Secretary-General Kofi Annan. The special session's Declaration of Commitment on HIV/AIDS, in fact, referred to the need to ensure "that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results". (*A/RES/S-26/2*)

The Global Fund represents a new way of doing business. It will soon be moving significant new resources to countries to help push back the impact of these major diseases, and the United States is the single largest contributor to the Fund.

However, even with these new resources, a major challenge remains. We must all understand that this new additional and complementary support from the Global Fund, cannot displace already existing efforts. The United States has provided leadership by pledging increased resources to the Global Fund, while at the same time increasing bilateral efforts. Other donors must do the same. Expanded national, bilateral and multilateral support is needed to make the Fund successful. The resource gap will continue to be a challenge and, as have many other States in this debate, we urge that new resources from all types of donors be contributed into the Fund and other HIV/AIDS-related efforts.

The United States continues to be the single largest donor to international AIDS efforts, providing

44 per cent of bilateral assistance for international HIV/AIDS efforts, according to UNAIDS. Its monies support bilateral and multilateral programmes that prevent new infections, reduce risky behaviour and provide treatment and care for those living with HIV. The United States is also the leader in the research necessary to develop a vaccine.

In June, President George W. Bush announced a new $500 million initiative to expand Unites States efforts to prevent mother-to-child transmission in 14 countries in sub-Saharan Africa and the Caribbean. The initiative's goal is to treat 1 million women and reduce mother-to-child transmission by 40 per cent within five years. This programme will be in addition to already existing United States HIV/AIDS assistance programmes.

The United States, however, is doing more than simply providing funding and carrying out research. The Bush Administration has appointed the first United States ambassador with a health mandate, Dr. Jack Chow, who is Secretary of State Colin Powell's special representative on HIV/AIDS. We are actively pursuing a diplomatic strategy involving Governments, non-governmental organizations and the private sector. Secretary Powell and Secretary Thompson of Health and Human Services are working closely to lead United States efforts to fight AIDS worldwide; the United States Agency for International Development and the Department of Health and Human Services are more engaged than ever in addressing the global multifaceted impact of HIV/AIDS.

Despite these efforts, however, the decades to come threaten to be far worse than those that have already passed. The recent National Intelligence Council report on the next wave of the epidemic clearly indicates that as an international community we must take action now if we are to slow the epidemic's exponential growth.

We urge States that have not already done so to work to meet the targets set by the General Assembly's twenty-sixth special session on HIV/AIDS. We look forward to a full review of progress on meeting the goals of the special session at the General Assembly in 2003. Despite increased education and public awareness, taboo and stigma remain formidable obstacles to effective responses. Political leadership from all of us is crucial in making a difference in combating the stigma and discrimination that have accompanied the epidemic worldwide. Parents and families are critical. Religious and community leaders must be involved. Nations must work actively to address gender and age-based dimensions of the epidemic, and to eliminate discrimination and marginalization.

The United States believes that public-private partnerships are vital to combat HIV and AIDS. It is only through the combination of public and private efforts that we will be able to confront the challenges ahead. The United States will continue to offer financial and technical assistance to achieve these targets.

Finally, we must continue to heed the lessons learned from the past two decades. We know that a balanced and integrated approach, in a continuum that includes prevention, treatment and care, is vital, as is a solid commitment to sound public health infrastructure.

The United States is strongly committed to continuing its leadership and working with the international community to save lives by preventing new infections of HIV, helping people already infected, and contributing to the search for a cure. We believe that by working together we can, and will, make a difference.

Mr. Nguyen Thanh Chau (Viet Nam), Vice-President, took the Chair.

Mr. Shimmura (Japan): First of all, I would like to express my appreciation to the Secretary-General for his strong leadership in the fight against HIV/AIDS and for the extensive and informative report on the follow-up to the outcome of the twenty-sixth special session. I also would like to commend the efforts made by UNAIDS and its sponsors in meeting the targets set out in the Declaration of Commitment on HIV/AIDS.

Dr. Piot, the Executive Director of UNAIDS, told us that since the special session, progress has been made in three key areas: leadership, partnership, and resources. This is a major achievement for the international community. Of these elements, we think that leadership, at all levels in both the public and private sectors, is the most important in the fight against HIV/AIDS.

There are on the other hand, worrying signs that the epidemic, which spares no part of the world, is continuing to spread. The Asian region, for example, is experiencing a rapid increase in HIV prevalence rates.

Because of its vast population, even a low prevalence in Asia means a large number of people infected and affected by HIV/AIDS. We must therefore strengthen our efforts to stop and reverse the spread of the epidemic in this region as soon as possible.

There are a number of practices that have proven effective, such as those being used in Thailand, which include prevention measures targeting vulnerable populations, education programmes aimed at youth and support for activities by non-governmental organizations. It is important that those best practices be utilized by other countries of the region. In this context, the Government of Japan announced last year the establishment of the Japan-ASEAN Information and Human Network for Infectious Diseases Control to support human resources development in the area of HIV/AIDS.

My Government believes that, as the Declaration of Commitment on HIV/AIDS states, prevention must be the mainstay of our response. But at the same time, we think that care and support, to be provided through basic health infrastructure, are closely linked to effective prevention. Provision of care and support in accordance with local conditions, including voluntary and confidential testing, must be promoted as an effective tool to combat the spread of HIV/AIDS.

There has been a notable decline in the prices of antiretroviral drugs since last year, and that has contributed to the improvement of access to treatment in developing countries. We appreciate the efforts made by the United Nations in this regard. We believe in comprehensive care and treatment for those infected by HIV/AIDS, including treatment of opportunistic infections such as tuberculosis. What is needed is continuous patient education, psychological and social support from their families and communities and a sound health infrastructure.

At the G-8 Kyushu-Okinawa Summit in 2000, Japan announced the Okinawa Infectious Diseases Initiative, a $3 billion programme to enhance support for combating HIV/AIDS and other infectious diseases in developing countries. It has five elements: vertical and horizontal approaches, including improvement of water and sanitation and basic education; partnerships with civil society, donors and international organizations; institution-building and human resources development; South-South cooperation; and research capacity and activities. To date, my Government has provided assistance of approximately $1 billion under this initiative.

We welcome the establishment in January this year of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was proposed at the special session on HIV/AIDS and at the G-8 Genoa Summit last June. Japan is making a contribution of $200 million to the Fund in the hope that it will strengthen global measures to combat infectious diseases including HIV/AIDS. My Government, as vice-chair of the Board of the Fund, is committed to working to enable the Fund to provide the maximum possible support for infectious disease control measures in developing countries.

Mr. Kasemsarn (Thailand): HIV/AIDS is a global problem. Indeed, it remains a major transnational threat that the international community has a shared responsibility to deal with urgently and resolutely.

It is a welcome sign that HIV/AIDS has truly been made a part of the international agenda. As stated in the report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS since the twenty-sixth special session of the General Assembly in June last year, the international community has passed a turning point in its global response to HIV/AIDS. Global awareness of this scourge has been growing, and resources allocated to tackle it have been on the rise, both nationally and internationally. The establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria is a significant step in this regard. Thailand appreciates the role of the United Nations, particularly the Joint United Nations Programme on HIV/AIDS (UNAIDS), in the progress made so far, as well as the personal attention of the Secretary-General in making HIV/AIDS a priority of the United Nations.

However, it is equally true that the HIV/AIDS epidemic continues to get worse, including in Asia, where the epidemic continues to spread. Hence, much more needs to be done without delay if we are to save the millions of lives that will perish due to this epidemic and the millions more that will become infected and affected by it. Also, many more resources are required to meet the needs particularly of developing countries, which are home to more than 95 per cent of the more than 60 million people living with HIV/AIDS worldwide. More research must be carried out to find effective cures and vaccines.

A report appearing in *The New York Times* this morning is encouraging. It said that yesterday the Food and Drug Administration approved a test that can detect in as little as 20 minutes whether someone is infected with HIV. Standard tests currently take two days to two weeks.

The political momentum must be translated into concrete action. An effective response to HIV/AIDS requires a concerted and comprehensive approach in addressing the various aspects of the epidemic: prevention, care, treatment and support, research and development and strategies to address the specific situations of vulnerable groups and the human rights of people with HIV/AIDS. Also essential are strong leadership at all levels and the full and active involvement of all sectors of society.

In Thailand's experience, much of our success in curbing the trend of HIV/AIDS is due to the contribution of civil society, non-governmental organizations (NGOs) and, not least, United Nations agencies, particularly UNAIDS and its co-sponsors. Indeed, national ownership and partnerships are indispensable elements in the fight against HIV/AIDS. HIV/AIDS must be made a part of the national agenda and be integrated as a cross-cutting issue into our efforts aiming at achieving sustainable development.

Thailand's national plans for the prevention and alleviation of HIV/AIDS have been developed and implemented in this spirit. The current plan, which covers the period between 2002 and 2006, also adopts a human-centred approach and emphasizes building the capacity of individuals, families, communities and the administrative system to deal with HIV/AIDS. Efforts undertaken at the national, provincial, district and community levels by Government agencies, NGOs, including the organizations of people living with HIV/AIDS, and the private sector are implemented under the auspices of the national AIDS prevention and alleviation committee. The major networks of NGOs working on AIDS and of organizations of people living with HIV/AIDS are also represented in that national committee.

In terms of policy and implementation, prevention remains the mainstay of our response to roll back HIV/AIDS. The Thai Government has set the target of reducing the rate of HIV/AIDS prevalence among people of reproductive age — between the ages of 15 and 49 — to less than 1 per cent by 2006. Young people are the main target group in our prevention efforts, which include not only awareness-raising campaigns but also sexual and reproductive health education and voluntary counselling and testing. We also strive to promote access to HIV prevention among hard-to-reach groups, including injecting drug users and migrant workers. The programme promoting 100 per cent condom use — which began in 1989 and resulted in a substantial reduction of HIV transmission among the high-risk population — has continued, and its focus has expanded beyond commercial sex workers. At the same time, we continue to pursue the nationwide intervention against mother-to-child transmission.

With regard to care, support and treatment, the Government continues to promote broader access to treatment. Already, treatment of common opportunistic infections, such as tuberculosis and pneumonia, is covered under the national universal health coverage programme. By 2004, we aim to integrate antiretroviral treatment into the programme. Monitoring and evaluation mechanisms will also be developed to ensure the programme's effectiveness. In addition, we promote continuing support and training for health professionals and caregivers in all sectors — including non-governmental organizations — and for community volunteers, as well as for people living with HIV/AIDS.

However, efforts to provide access to affordable treatment for those in need also require support from the international community. In that regard, Thailand hopes that the agreement reached by the World Trade Organization Ministerial Conference on intellectual property rights and public health, held at Doha last year, will be implemented to benefit people living with HIV/AIDS, particularly those in developing countries.

The human rights of those living with HIV/AIDS must be respected and promoted to ensure that they live their lives as do other members of society. It is important that we address seriously the problem of AIDS-related stigma and social exclusion. Thailand's policy in that regard emphasizes awareness-raising among families and communities and provides support for organizations dealing with HIV/AIDS issues, including community activities that involve people living with HIV/AIDS. The rights of people living with HIV/AIDS have also been incorporated into the policy and the work of the National Human Rights Commission.

HIV/AIDS undermines economic and social development. It threatens security, and, if left to spread unabated, it can even jeopardize the survival of societies. The enormity and the multidimensional character of HIV/AIDS require concerted actions by the international community. Cooperation is not only desirable, but also imperative. In that regard, Thailand has been collaborating with its neighbours and friends in and outside the region in the subregional, regional and international contexts. In November 2001, Thailand, together with other member countries of the Association of South-East Asian Nations (ASEAN), pledged at the highest level our resolve to fight HIV/AIDS. Last January, Thailand also hosted the Intersessional Meeting of the Human Security Network on Human Security and HIV/AIDS, focusing on cooperation aimed at tackling HIV/AIDS in the Mekong subregion. Moreover, we are honoured to play host to the Fifteenth International AIDS Conference, which will be held in July 2004. We stand ready to cooperate with all concerned to ensure productive deliberations and a fruitful Conference outcome.

The international community, with common resolve, set noble goals during the twenty-sixth special session of the General Assembly. As the first set of those targets will be due next year, the Assembly's debate on this agenda item will be a particularly important platform for reviewing the progress we have made and for setting our future course of action. It is Thailand's fervent hope that, by then, we shall all have moved much closer, with ever stronger commitment and perseverance, to attaining our common objective of putting an end to the tragedy of HIV/AIDS that faces humanity.

Mr. Andrianarivelo-Razafy (Madagascar) (*spoke in French*): It is a pleasure for me to take the floor here today and, like previous speakers, to thank the Secretary-General, Mr. Kofi Annan, for his comprehensive and very detailed report on progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/57/227 and Corr.1). I also wish to thank all the organs and specialized agencies of the United Nations system and the entities of the private sector and of civil society, as well as non-governmental organizations, for their efforts to fight HIV/AIDS.

The special session of the General Assembly devoted to HIV/AIDS, held in 2001, enabled the international community to assess the worldwide spread of the AIDS pandemic, considered the greatest threat to humanity. The Assembly realized that it was essential, in focusing seriously on issues related to AIDS, to see its catastrophic effects on all aspects of social and economic life. The Declaration of Commitment, adopted by States at the special session, reflects global concern and the resolve of nations to act to combat this terrible scourge.

We must recall that, every day, nearly 14,000 children are infected by AIDS and that 1.2 per cent of persons aged 15 to 49 are living with AIDS. In the light of the extent of the HIV/AIDS pandemic — which has already taken too heavy a toll on Africa and the rest of the world — the efforts undertaken thus far are proving insufficient. In fact, while most countries have already formulated national strategies to fight AIDS, the implementation of the recommended measures continues to be limited by a lack of resources and technical means. Poverty, worsened by the debt burden, prevents States — in particular developing countries — from giving priority to combating AIDS in their development programmes, while the infection rate among young people and women continues to increase.

Many factors should be taken into consideration to make the fight against AIDS effective. In that connection, there must be a more organized data collection system capable of classifying data by category, based on cause of infection, and thus of determining means of prevention. We must also develop research into new approaches towards fighting stigmatization, discrimination and exclusion with regard to persons living with AIDS in order to reduce their vulnerability, especially among women. Such persons can play an essential role in the fight against AIDS in terms of information and awareness, and they can contribute to the formulation of strategies to prevent and treat the disease. In that context, we consider it urgent to strengthen the fight against drug abuse among young people and to effectively implement international instruments related to the rights of children, with a view to protecting them from sexual exploitation, paedophilia, rape and all other crimes of that nature.

Madagascar welcomes the decision taken by most countries to increase their budgets to finance anti-AIDS programmes, whether at national, bilateral, multilateral or private levels. We particularly welcome the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, my delegation

cannot fail to express its concern over the amount raised to date — $2 billion, which is not even a third of the budgetary objective of approximately $10 billion by the year 2005. In that connection, despite many challenges, Madagascar will spare no effort to honour, within the means at its disposal, its share of the contributions to the Global Fund. We take this opportunity to appeal to all donors and assistance providers to increase their contributions, since AIDS is a global problem.

Moreover, Madagascar considers it urgent to cancel the debt of the highly indebted poor countries so that they can increase their commitment to the fight against AIDS. It would also be good to advocate financial participation on the part of the international community not in the form of loans but as grants toward the countries most affected by AIDS, and in particular countries of Africa and Asia. It is regrettable to note that on these two continents only 60,000 persons are receiving antiretroviral drugs. Madagascar believes that it is of the highest importance to step up and accelerate negotiations with private pharmaceutical companies so that those medicines can be more accessible to the sick in low-income countries.

Aware of the devastating effects of the AIDS pandemic on its socio-economic development and its security, Africa has made a resolute commitment to waging war against this scourge on all fronts. All African countries have, therefore, elaborated national strategies to fight AIDS and a greater number of initiatives to fight AIDS have proliferated at the regional and subregional levels, pursuant to the purposes and objectives of the Abuja Declaration on HIV/AIDS, Tuberculosis and other Related Infectious Diseases.

Madagascar hopes that initiatives taken by African leaders in the framework of the New Economic Partnership for Africa's Development to develop partnerships at the global level to effectively fight against pandemics, in particular HIV/AIDS, malaria and tuberculosis, will enjoy the firm support of the international community in order to attain the international human development objectives.

The World Summit on Sustainable Development at Johannesburg recognized the impact of AIDS-weakened performance in the economic and social areas at the international level as well as in society, families and individuals. It also highlighted the struggle against AIDS and recommended concentrating efforts on the population in order to achieve sound development of human resources. My delegation believes that there is a need to expand the areas of intervention, in particular with regard to prevention, and that the fight against AIDS should not be solely the responsibility of Ministries of Health but should involve all in all sectors.

Convinced as we are that the joint response against AIDS requires coordinated action in the framework of solid partnerships, Madagascar intends to participate in this crusade as a member of the partnership against AIDS in the Indian Ocean region, established early in 2002.

At the national level, after detecting the first AIDS case in Madagascar in 1987, the Government established bodies for the elaboration and implementation of three short- and medium-term plans. The national committee to fight HIV/AIDS under the aegis of the President was established by decree in October 2002 and it replaces the old national coordination unit. The severity and complexity of the AIDS epidemic, the many sectors and actors involved, the present Government policy of granting autonomy to the provinces and the need to expand the national response to the AIDS epidemic all provide justification for updating the institutional framework and adapting it to the requirements of the many sectors involved and decentralization on the basis of lessons learned. The coordination offered by the national coordination office has been replaced by the executive secretariat of the national committee to fight AIDS.

The political legal framework and the particular case of persons living with AIDS and AIDS orphans should strengthen the fight against this disease. The management of information and financial resources are two pillars of this institutional framework. The Government of Madagascar has also undertaken to establish a more reliable system of information covering circulation and conservation and to determine what kind of financing mechanisms can ensure the availability of resources at the local level and the involvement of the beneficiaries in managing those resources.

In its efforts, the Government is prepared to mobilize and take the necessary measures to ensure that persons living with HIV receive psychosocial services.

In order to have effective decentralization in this battle, provincial AIDS committees will be set up in the autonomous provinces to ensure supervision and coordination of the national strategic plan in all implementing agencies so as to ensure integrated planning and budgeting of the activities to fight AIDS at the provincial level and to ensure the reporting of data to the executive secretariat. Similar local committees will be established at the community level.

In conclusion, the meagre results obtained since the Declaration call for increased mobilization by the international community to stem the alarming spread of AIDS. AIDS is an enemy to be feared, but it is not invincible if we devote all of our energies and make AIDS a priority on an equal footing with the maintenance of peace and security.

Mr. Oratmangun (Indonesia): At the outset let me thank the Secretary-General for his timely report on this very important subject. My delegation associates itself with the statement made by the representative of Brunei Darussalam on behalf of the ASEAN countries.

According to the United Nations AIDS report issued in July 2002, 40 million people across the globe are now infected with the HIV virus, while 25 million have already died. If left unchecked, the rate of infection will increase, with 45 million new infections before the end of the decade. AIDS has already devastated large parts of Africa; 11 million of the 14 million AIDS orphans in the world are located in Africa.

In addition, the data shows that one of the regions that is experiencing the most rapid growth in new HIV/AIDS infections is Asia. If HIV/AIDS infection rates in Asia are allowed to reach the levels of sub-Saharan Africa, the number of infected individuals worldwide would number over 100 million people. There are many who feel that in the absence of concerted and sustained global efforts to halt and reverse the spread of HIV/AIDS, the grim figures I have quoted are in fact optimistic, and the massive growth of the HIV/AIDS pandemic will begin to pose a serious threat to the world economy, and global peace and security.

On the bright side, the adoption of the Declaration of Commitment at the United Nations General Assembly special session on HIV/AIDS in June 2001 provides a new momentum for the international community to combat this devastating epidemic. It marks a turning point in the struggle against HIV/AIDS by setting time-bound targets to prevent and treat this disease. There is hope if we take action. It is estimated that 63 per cent of the new infections predicted between now and 2010 can be prevented.

Today's session is also of momentous importance, since we will deliberate what follow up actions are necessary to implement last year's Declaration of Commitment. Indonesia is encouraged by the fact that so many countries have already implemented national AIDS strategies, but Indonesia also notes with concern that the implementation of those strategies, especially in the low- and middle-income countries, is in jeopardy owing to a lack of resources and technical capacity. In order to mount an effective global response to the HIV/AIDS epidemic there must be concrete political commitment, genuine cooperation and concerted action by all, at all levels and across all sectors. A prerequisite, if the international community wishes to eliminate this global curse, is strong leadership that will mobilise the additional, substantial and sustained resources necessary to eradicate HIV/AIDS.

It is of particular importance to note that, in order to fight the epidemic in the low- and middle-income countries, spending will have to double to over $6 billion by next year, and to more than $10 billion by 2005. This does not include the funds needed to improve basic health-care infrastructures. Therefore, particularly for low and middle-income countries, international cooperation is needed to implement the Declaration of Commitment in order to combat HIV/AIDS.

Indonesia is therefore actively seeking to cooperate with its international, regional and global partners to fight AIDS. In November 2001, Indonesia, along with its Association of South-East Asian Nations (ASEAN) regional partners, issued a joint declaration on cooperation in the combat against AIDS, including fighting drug use.

For years the infection rate for HIV/AIDS in Indonesia and in many other Asian nations remained negligible, but in recent years the twin curses of intravenous drug use and HIV/AIDS have been spreading in Indonesia and throughout the region. At present, it is estimated that there are about 120,000 HIV/AIDS cases in Indonesia, which is still less than

0.1 per cent of the population, but the risk of widespread infection is present.

Indonesia recognized the potential for this disease to grow unchecked, and as early as 1994 initiated a national programme to combat the spread of HIV/AIDS that included the establishment of a national AIDS Prevention and Control Commission. The AIDS prevention programme included AIDS education, prevention, testing, treatment, research, and monitoring of the progress of the programme. It also delineated roles for various levels of Government and civil society, and it acknowledged the need for external assistance and cooperation. In addition, earlier this year, in line with the Declaration of Commitment, Indonesia reinvigorated its efforts to fight the twin curses of AIDS and drugs through presidential decrees, which included the launching of a national movement against AIDS and efforts to fight drug abuse.

The national programme also acknowledged the role of the community, especially the family, in the prevention of the disease and in caring for those already infected. A third of those suffering from HIV/AIDS are aged 15 to 24, and new infections typically occur at the highest rates for people in this age range. The family plays a key role in teaching young people to avoid unsafe activity and about the importance of prevention. In addition, especially in developing countries, the family is the main source of care for those already infected, and so the Indonesian national programme includes efforts to destigmatize infected persons and maintain their full integration into society.

One of the most important issues is that of HIV/AIDS-related drugs. Improving the affordability of, and access to, these drugs is critical to the fight against HIV/AIDS in developing countries with limited resources. Research must be funded in the developing countries, so that cures and treatments that are affordable and acceptable to local populations can be found. For developing countries, this is a critical issue; life-saving drugs will not save any lives if the sick have no access to them due to lack of money.

In conclusion, combating HIV/AIDS is one of our Millennium Development Goals, and therefore one of the most important objectives of the international community. The struggle against HIV/AIDS is, appropriately, one of international concern that requires international action, because this disease does not respect international boundaries. Any solution to the HIV/AIDS problem must solve the problem for all of humanity, rich and poor alike.

Ms. Kapalata (United Republic of Tanzania): At the outset, I would like express the appreciation of my delegation to the Secretary-General for his report (A/57/227) on the progress made towards implementation of the Declaration of Commitment on HIV/AIDS. The report, which is based on responses to a questionnaire sent to Member States, provides useful insights into the activities of Member States towards implementation of the Declaration of Commitment on HIV/AIDS. We are equally appreciative of this opportunity to discuss the matter of follow-up in the Assembly. It is our hope that the outcome of our deliberations will take us one step forward in our struggle against the deadly pandemic.

My delegation wishes to associate itself with the statement just made by the representative of Senegal on behalf of the African States. The holding of the special session on HIV/AIDS was indeed a turning point in the two-decade history of the pandemic. The international community had to respond to an emergency whose import it had largely ignored for too long.

When the General Assembly adopted the Declaration of Commitment in June last year, it noted with profound concern that, at the end of the year 2000, 36.1 million people worldwide would be living with HIV/AIDS and that 75 per cent of them would be found in sub-Saharan Africa; today the figure is estimated at more than $40 million. The Declaration of Commitment therefore set target dates for the accomplishment of goals in the areas of leadership, resources, prevention, care, support, treatment and partnership, among others.

It is already evident that the epidemic is getting worse, thus suggesting that responses have not been commensurate with the magnitude of the problem. Interventions have obviously been on a smaller scale than that demanded by the pandemic. Unless we step up our interventions, the pandemic — and here I paraphrase the Executive Director of UNAIDS — will not defeat itself.

This grim picture notwithstanding, I wish to state here that my Government remains fully committed to the war against HIV/AIDS and reaffirms its resolve to implement the Declaration of Commitment. In this regard, the President in 1998 declared HIV/AIDS a

national disaster requiring the full participation of the entire Tanzanian community to combat it. In terms of leadership, my Government has provided the strong leadership that was needed. In this connection, the National Strategic Plan for HIV/AIDS prevention and control was prepared. The Plan defines the framework for an expanded multisectoral response to HIV/AIDS for a period of five years — 1998-2002.

Furthermore, immediately after the special session in 2001, the President declared that "we have prepared ourselves for a possible victory against this terrible scourge". This statement was made against the backdrop of a national policy on HIV/AIDS that had already been put in place to provide the general framework for the national response to the HIV/AIDS pandemic. The national policy outlines the role of various sectors in the prevention, care and support of HIV/AIDS victims and spells out the ethics and principles involved in counselling and testing and in protecting the rights of people living with the disease. The national policy also outlines the mandate and functions of the Tanzania Commission for AIDS, which was formed in 2000. The Commission works in close collaboration with the National Advisory Board on AIDS and other bodies to spearhead a comprehensive national response by both the public and private sectors, non-governmental organizations, community-based organizations, families and individuals.

My Government has identified the obstacles in the war against the pandemic as being rampant ignorance, fear of the disease and stigmatization, and, most importantly, the prevalence of poverty. Poverty lays the foundation for the spread of HIV/AIDS and significantly influences and fuels the spread and impact of the disease. It creates vulnerability to HIV infections, causes rapid progression of the infection in the individual due to malnutrition, and effectively limits access to social and health-care services. This is as true for the individual as it is for the country. The poverty factor therefore has to be addressed not only at the household level, but also at the national level.

It is against this background that my delegation notes with concern the assertion in the report of the Secretary-General that the global response to the Global Fund has so far yielded only one third of the amount required to meet the goal of annual expenditures of about $10 billion by the year 2005. It is amply manifested that without new and additional resources, most of our Governments will achieve neither the Millennium Development Goals nor those contained in the Declaration of Commitment. It is for this reason that my delegation strongly supports the recommendation contained in paragraph 93 of the Secretary-General's report (A/57/227) that

> "In order to ensure an effective response to HIV/AIDS, the international community is urged to increase assistance significantly to countries which do not have sufficient resources for interventions, the strengthening of sustainable human capacity, systems development and capacity-building."

The partnership between my Government and other partners in combating HIV/AIDS has grown over the years. We have collaborated with the United Nations system through its agencies, including the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Development Fund for Women and the United Nations Population Fund, to mention just a few. In this connection, I would like to pay tribute to UNICEF and WHO for the ongoing pilot project on mother-to-child transmission of HIV/AIDS in my country. We value this assistance as a big step towards attaining the goal of reducing the proportion of infants infected with HIV/AIDS and also as an important contribution towards the care, support and treatment of HIV/AIDS-infected women, who are disproportionately affected by the pandemic and who bear the brunt of HIV/AIDS-related stigma.

In this regard, we wholeheartedly support the recommendation of the Secretary-General in calling on United Nations agencies, funds and programmes, in particular the co-sponsoring agencies of UNAIDS and the UNAIDS secretariat, to further expand their support for HIV/AIDS efforts with a view to transforming effective interventions into large-scale projects.

The existence of non-governmental organizations that involve themselves in caring for and supporting people living with HIV/AIDS in my country is a welcome development. Both the Government and civil society have realized that it is in their best interests to work together. My Government has pledged partnership with responsible non-governmental organizations, particularly in educating the community and in spreading the message in the war against HIV/AIDS. In this regard, leaders of faith-based

organizations have proved invaluable. It is the intention of my Government to continue to encourage this partnership, particularly in removing the barrier of silence and stigmatization.

The challenge ahead of us is a serious one. Dealing with the pandemic requires serious determination and innovative approaches. Some of us are operating in circumstances in which the health system is already overburdened and in which treatment on $1 a day is proving to be a challenge.

It is therefore incumbent upon all of us, individually and collectively, to enhance international cooperation, intensify research into the pandemic, continue providing the leadership required and stay focused on the goals set out in the Millennium Declaration and the Declaration of Commitment on HIV/AIDS. My Government is determined to win the war against HIV/AIDS, and we are confident that, with the collaboration and cooperation of all stakeholders and the international community, the war can be won.

Mr. Brereton (Australia): Australia was pleased to take part, in June 2001, in the special session of the General Assembly on HIV/AIDS. The special session signalled the world's recognition of the grave impact of the HIV/AIDS pandemic.

We know that the number of people infected with HIV/AIDS across the globe will grow significantly through this decade. Australia is especially concerned about the spread of the epidemic into Asia and the Pacific. The epidemic in Asia threatens to become the largest in the world. It is estimated that by 2010, China may have 10 million to 15 million HIV/AIDS cases, and India between 20 million and 25 million — the highest estimate for any country.

By the end of the decade, the spread of HIV/AIDS in Asia will have eclipsed the projected 30 million to 35 million cases in Central and Southern Africa, the current focal point of the epidemic. In some Asian countries there are localized pockets of HIV/AIDS — among intravenous drug users and sex workers for example. We cannot be complacent in view of the possibility that these pockets of infection will grow rapidly and spread to the general population.

In the Pacific, Papua New Guinea faces a potential epidemic comparable to that experienced by African countries. Even the small Pacific island countries, so remote in so many ways, are beginning to confront HIV/AIDS.

Last year's special session was a landmark in the development of global, regional and local responses to the pandemic. Since then, further work has been done on estimating the resources required to respond to the pandemic. Another funding mechanism, the Global Fund to Fight AIDS, Tuberculosis and Malaria, has been established. Australia looks forward to the Fund implementing projects and achieving results on the ground.

Another development has been the reduction in the price of some treatments for HIV/AIDS. Australia welcomes the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS), a number of pharmaceutical companies, non-governmental organizations and national Governments in negotiating these reductions, including through the World Trade Organization Doha negotiations.

However, much more work needs to be done. The cost of antiretroviral drugs, which can prolong the lives of infected people, is still prohibitively high in many populous, low-income countries. Moreover, drug-resistant HIV/AIDS strains may spread because of the inconsistent use of antiretroviral therapies and the manufacture of substandard medications.

Of course, drug costs are only a portion of the cost of treating HIV/AIDS. Other significant barriers include medical capacity, logistics and resources. Nor should greater attention being directed towards treatment lessen the critical focus on the prevention of HIV/AIDS.

Leadership is vital to meet these challenges — leadership from Governments, from international organizations, from the private sector and from civil society. Without leadership, the fight against HIV/AIDS cannot be won. Leadership must be combined with good governance to ensure the effective delivery of the response.

Australia's own response has been significant, and we are determined to play our part, especially in the development of political leadership, regional cooperation and plans in the Asia-Pacific region.

In October 2001, Australia hosted the Asia-Pacific Ministerial Meeting on HIV/AIDS to discuss the impact of the pandemic on regional development. This successful meeting was a follow-up to the United

Nations special session and was the first of its kind, bringing together ministers and officials with a range of portfolios from 33 countries, representing over half of the world's population.

Australia is working to ensure that a second ministerial meeting to follow up the Asia-Pacific response to HIV/AIDS is held in 2003.

One outcome of the Asia-Pacific Ministerial Meeting in 2001 was the establishment of the Asia Pacific Leadership Forum on HIV/AIDS and Development. The Leadership Forum, which should commence activities in early 2003, will inform leaders and provide opportunities to share information and experiences in dealing with the pandemic through a variety of programmes. The Forum, launched in Brunei in August by the Ministers of the countries members of the Association of South-East Asian Nations and of Australia, has wide support among regional countries.

Australia provided funding to UNAIDS for the establishment of the Leadership Forum, and we are pleased to see that it has been supported by other donors, including the United Kingdom, Japan, the European Union, the United States and New Zealand. In addition, Australia continues to fund programmes, mainly in Asia and the Pacific, to assist countries to respond directly to the pandemic through a six-year, $200 million global HIV/AIDS initiative. Australia is prepared, if asked, to assist other Asia-Pacific Governments to develop legislation to facilitate cost-effective access to essential HIV/AIDS drugs, consistent with international trade agreements. Australia is also willing to support applied research or specific trials to help countries assess alternatives for introducing new HIV/AIDS treatments.

Australia recently reviewed its aid priorities. HIV/AIDS will continue to be a key priority for our aid programme. But all countries must continue to work to build momentum in the global response to the HIV/AIDS pandemic. This is a humanitarian imperative.

Today Australia reaffirms its support for the priorities for action of the Declaration of Commitment on HIV/AIDS. We note that one third of the time-bound goals and targets identified in the Declaration are due in 2003. More will be due in 2005.

The Secretary-General's annual follow-up report on the Declaration of Commitment on HIV/AIDS, detailing progress made and identifying problems and constraints, should help maintain the momentum of the international response.

However, there is still a need for better information to track the pandemic. UNAIDS has developed a set of indicators to measure progress by Member States in achieving the commitments. These indicators will serve as a valuable tool and go some way to improving knowledge of the disease, the evolution of the pandemic and responses to it.

The continuing expansion of the pandemic, especially in Asia, will spark calls for more financial and technical support from donor countries such as Australia. It may also lead to argument over how to disburse international funds, such as the Global Fund for HIV/AIDS, Tuberculosis and Malaria. We will need to respond to these challenges in a timely and proactive way.

Finally, Australia believes that, with multiple targets set for 2003, there is value — and a good deal of value — in a full day of discussions on the follow-up of the Declaration of Commitment next year. Such a debate — we put it to the United Nations — could perhaps take place either during or following the annual general debate, and usefully could also include representatives from civil society.

Mrs. Taylor Roberts (Jamaica): The special session of the General Assembly on HIV/AIDS marked a significant milestone in our collective response to what has been agreed as constituting a "global emergency". In the absence of a truly effective global response to this epidemic, through meaningful efforts to achieve the goals and targets set in the Declaration of Commitment on HIV/AIDS, social and economic development will continue to be seriously threatened, and the gains made in advancing the well-being of the world's people, significantly eroded.

Given the impact of HIV/AIDS on the productive population, it has proved particularly devastating in terms of increasing poverty and vulnerability, reversing human development and eroding the ability of Governments to provide basic social services. Indeed, the disastrous impact of the epidemic on the social and economic development of those countries that are highly affected will prove to be one of the most compelling challenges to the realization of the Millennium Development Goals.

We are, therefore, pleased with the progress that has been made in implementing commitments undertaken in the Declaration of Commitment, as outlined in the report of the Secretary-General. We are also pleased to note that political commitment continues to increase and that most countries indicate an increase in national investment in HIV/AIDS programmes, with total spending for low and middle income countries having grown by over 50 per cent in 2002. This development is particularly important given that the epidemic cannot be reversed without substantial increases in resources.

Despite this progress, however, there is a clear indication that there continues to be a significant shortfall in overall funding for the global response. In our review of the results achieved since 2001, we see an urgent need to increase global funding, given that overall funding is still one third of the amount required to meet the goal of annual expenditures of $10 billion by 2005. The fight against HIV/AIDS can only be successful in the context of strengthened and effective partnerships. National Governments have taken significant steps aimed at strengthening their responses. However, as is clear in the report, the implementation of national strategies has been slow. There can be little doubt that progress will continue to be slow if serious constraints caused by excessive economic burdens continue to impede capacity to allocate sufficient resources to fight the disease. In order to increase the ability to address the problem, particularly in developing countries, there is a clear need for enhanced partnerships to expand resources and human and technical capacity to ensure that the scale of the country-level activities matches the gravity of the problem to be solved.

We are also concerned that only 10 to 20 per cent of people at risk of HIV infection have access to basic prevention services and that an almost indiscernible number of pregnant women, particularly in sub-Saharan Africa, are reached by interventions to prevent mother-to-child transmissions. If we are to achieve success, greater effort must be made to enhance preventive services and to reduce the high cost of antiretroviral drugs, particularly in the most affected countries.

While we note in paragraph 68 of the Secretary-General's report that the total number of persons in Latin America and the Caribbean region who have access to antiretrovirals has increased, we believe that this figure remains unsatisfactory, particularly when disaggregated by States and socio-economic groupings. In this regard, we recall that the Agreement on Trade-Related Aspects of Intellectual Property Rights should no longer constitute an obstacle to the right to promote access to medicines for all.

If the goals set out in the Declaration of Commitment are to be met, there should also be greater support for national efforts to expand medical services, including palliative care and prevention and treatment of opportunistic infections. Expanded research into the development of a safe and effective vaccine should also be a priority. We are, therefore, concerned that only 1.6 per cent of all HIV/AIDS research is focused on the development of a vaccine suitable for use in sub-Saharan Africa, the worst-affected region. This clearly confirms the point that global research priorities are not sufficiently oriented towards urgent health needs in resource-constrained countries.

National leaders must take a leading role in the fight against the epidemic, including contributing to efforts to remove the stigma attached to the disease. As emphasized by the Secretary-General, in most countries where major progress has been reported, strong political leadership is a central feature. In Jamaica, political leaders have been at the forefront of our national effort to combat HIV/AIDS and have given special focus to this disease by conducting a parliamentary debate on the issue.

Since the adoption of the Declaration of Commitment, Jamaica has also increased its efforts to combat the disease, through the adoption of a comprehensive national framework involving all sectors. In December 2001, the Cabinet approved the National Strategic Plan on HIV/AIDS for the period 2002-2006. The plan outlines an integrated national response across sectors, ensuring the participation and implementation of programmes and policies aimed at advancing the human rights of people living with HIV/AIDS, and the most vulnerable groups in society.

The National Plan prioritizes policy advocacy; prevention; care, treatment and support; and monitoring, surveillance and evaluation. Additionally, an inter-ministerial working group on HIV/AIDS has been established to ensure an integrated effort in the planning and monitoring of HIV/AIDS activities across line ministries and sectors. In February of this year, the Government of Jamaica, in collaboration with the

United Nations system, non-governmental organizations and the private sector, developed a strategy to accelerate and expand access to comprehensive care and support for those living with the disease. This strategy seeks to build capacity at all levels in the care system, increase access to antiretroviral drugs, expand the programme for the prevention of mother-to-child transmission and strengthen advocacy and resource mobilization.

Despite that progress, however, there is still a need for new laws to address the human rights of persons affected by the disease. As in other Caribbean States, which share a regional strategic approach, Jamaica is in the process of reviewing current legislation to strengthen anti-discrimination laws.

The Caribbean faces a formidable challenge, a challenge shared by many regions and most States, almost without exception. If a lesson has been learned from the report before us, it is that our effort must be collective. We have made important progress in this regard. Much, however, remains to be done in strengthening leadership, increasing resources, improving preventive strategies and enhancing care and support for those affected. These challenges must be met with the greatest urgency. We have initiated the process, but we must be unrelenting in strengthening our resolve to achieve the goals we set during the special session.

Mr. Moura (Brazil): More than a year ago, we adopted the Declaration of Commitment, which established a universal strategy to fight HIV/AIDS. The special session confirmed the leadership role of the United Nations in addressing the epidemic. The United Nations succeeded in putting together developing and developed countries, international institutions, non-governmental organizations (NGOs) and the private sector to promote a common vision on this issue.

The Declaration of Commitment also highlighted how crucial international cooperation is. This outcome put an end to discussions on whether the priority should fall on prevention or treatment, whether HIV/AIDS was a human rights issue or purely a medical one, whether medicines should be made available to developing countries, and whether the response should rely on action by national Governments or on action by the international community.

The report of the Secretary-General provokes mixed feelings on the implementation of the Declaration. On the one hand, it demonstrates that the Declaration has become an invaluable reference to countries and institutions in their efforts to combat the epidemic. On the other hand, it shows that implementation has left much to be desired.

This ambivalence is visible in the area of international cooperation. The creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria was an important achievement. The approval of the first projects represented a breakthrough, because they included the provision of antiretroviral drugs. Unfortunately, the Fund has not been provided with resources commensurate with its needs. Estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) have shown that the yearly amount necessary to combat the epidemic is $10 billion. Thus far, pledges have reached $2 billion, and are far from meeting the needs of all the projects submitted for approval.

Another area where we can see both positive and negative results is that of access to medicines. The special session stressed the importance of affordability, the production of generic drugs and differential pricing. Since then, we have made some headway. For instance, the fourth Ministerial Conference of the World Trade Organization (WTO) adopted the Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, emphasizing that the Agreement

> "can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all." (*WT/MIN(01)/Dec/W/2, para. 4*)

Some private companies have adopted a cooperative approach, and have offered drugs at lower prices to some developing countries. The importance of the use of generic drugs has also been acknowledged. For example, the Global Fund will encourage countries applying for grants to buy the lowest-priced medicines.

In spite of those advancements, however, we are lagging behind in our objective of increasing the treatment opportunities for people living with HIV or AIDS. The figures are alarming. Only 250,000 people in developing countries are receiving antiretroviral

therapy, out of the 6 million who should be treated with such drugs.

The results Brazil has achieved in its fight against HIV/AIDS are based on a balanced approach to prevention and treatment and on advocacy of human rights. The Brazilian Government has pursued those policies since the beginning of the epidemic, and has always counted on strong cooperation from civil society.

Prevention policies in Brazil include universal access to condoms, women's empowerment, the inclusion of issues relating to HIV/AIDS in school curricula, the implementation of programmes aimed at preventing mother-to-child transmission and the development of strategies for the most vulnerable groups and those at highest risk of infection.

As far as treatment is concerned, one of the main elements of the Brazilian response is free and universal access to medicines, including antiretroviral therapy. Nowadays, nearly 120,000 people in Brazil are on antiretroviral drugs. This policy has borne fruit. The death rate has been slashed by 50 per cent, hospitalization rates have dropped by 75 per cent, and opportunistic diseases have been dramatically reduced. Over the last five years, we avoided 360,000 hospitalizations, saving $1.1 billion. In the same period, we spent $1.4 billion in antiretroviral medicines. The public health service has become less overburdened, and the provision of treatment has led us to upgrade them. If it were possible to look at this issue from merely an economic perspective, this policy would be seen as cost-effective.

The positive consequences of these policies are far-reaching. The number of people with HIV/AIDS now is half what some studies foresaw a decade ago. Since they know treatment is within their reach, people feel encouraged to undergo HIV/AIDS testing, which is confidential and voluntary. While receiving treatment, people are kept in close contact with the health system and have access to information, counselling and preventive supplies. In addition, treatment serves to reduce viral loads. For all these reasons, treatment also has a significant impact on prevention, which only reinforces the importance of an integrated approach.

This treatment policy would be much more difficult to pursue if it were not for the local production of medicines. We now produce eight generic versions of non-patented antiretroviral drugs at low cost. Effective or potential competition from local companies is making producers bring their prices down, on average by 70 per cent.

Another crucial element of our policy is respect for human rights, which has been put into practice in the two aspects highlighted in the Declaration of Commitment. First, we fight the stigma still associated with HIV/AIDS, as well as other kinds of social discrimination that help to spread the epidemic. Secondly, we put access to drugs at the core of our programme, for this is essential to achieve the full realization of the human right to enjoyment of the highest standards of physical and mental health.

Another important component of our programme is the cooperation of civil society. Over recent years, we have developed almost 2,000 projects with more than 600 non-governmental organizations.

Cooperation is a key word in the fight against the epidemic. That is why the Brazilian Government has implemented projects with Latin American, Caribbean and African countries and has offered to transfer technology to developing countries. Brazil has also been a member of the Global Fund since its inception.

While all those policies are fundamental, a more effective solution to the problem will only be achieved with the development of vaccines. Brazil is now investing in setting up the infrastructure necessary to participate more actively in the testing of vaccines.

The history of the response to HIV/AIDS is similar to that of Sisyphus, the mythological character whose task it was to push a stone uphill, only to see it roll down when he reached the top. The fight against HIV/AIDS is ceaseless. The accomplishment of an objective immediately leads to another challenge.

When we met last year to adopt the Declaration of Commitment, our objective was to adopt a common vision on how to fight the epidemic. Now the challenge consists of turning our commitments into reality. The means to combat the epidemic already exist. If we do not use them, we will transform a human tragedy into a moral one.

In the present uphill journey, implementation must be our urgent challenge.

Ms. Ndhlovu (South Africa): I wish to take this opportunity to congratulate the President on his assumption of the presidency of the General Assembly.

My delegation wishes to convey its appreciation to the Secretary-General for his report on progress towards implementation of the Declaration of Commitment on HIV/AIDS, as contained in document A/57/227. We also wish to express our appreciation to the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its continued commitment to assisting Member States with this global pandemic.

We are encouraged by the efforts and the progress reported on implementing measures to reduce HIV/AIDS infection, and we wish to convey our strongest support for the regular evaluation of the global response to HIV/AIDS.

South Africa is a proud signatory to the Declaration of Commitment on HIV/AIDS, adopted on 27 June 2001. The Declaration echoed the national commitments of South Africa to fight HIV/AIDS, sexually transmitted infections, tuberculosis and malaria, as enunciated in my Government's current strategic plan.

Subsequent conferences, including the World Summit on Sustainable Development, addressed HIV/AIDS by adopting key actions. The goals and objectives contained in the Declaration of Commitment on HIV/AIDS were reaffirmed and strengthened through that integrated approach.

My Government also responded to the request of the UNAIDS secretariat earlier this year to report on progress at the national level since the twenty-sixth special session on HIV/AIDS, in preparation for today's debate.

When we speak of follow-up and implementation of the outcome of the special session, allow me to briefly highlight progress made at the national level. The South African Cabinet, in its statement of 17 April 2002, expressed its resolve to fully implement the priorities and programmes contained in the HIV/AIDS and Sexually Transmitted Infections Strategic Plan for South Africa, 2000-2005, which comprises four key areas; namely prevention; treatment, care and support; human and legal rights and research, monitoring and surveillance.

The South Africa Government has earmarked the necessary financial resources. In the current financial year 2002-2003 it has allocated 1 billion rands to the fight against HIV/AIDS and related diseases. In the next financial year that amount will increase to 1.3 billion rands, and in the subsequent year to 1.8 billion rands. Those funds are channelled primarily through the Departments of Health, Education and Social Development.

Government departments have implemented HIV/AIDS policies related to health insurance, service benefits, discrimination, stigma, leave and productivity. Government departments also include poverty alleviation strategies as part of their instituted HIV/AIDS programmes.

Through a partnership with the private sector in South Africa, industries, such as the mining, transport and hospitality sectors in particular, have established workplace programmes to deal with the HIV/AIDS pandemic. Business initiatives are increasing with the recent launch of South Africa's first comprehensive HIV/AIDS workplace solution, which manages the health of HIV-positive employees and implements preventative strategies to reduce new infections on behalf of medium- to large-size organizations and transfers the risk from the employer to the insurer.

Furthermore, South Africa has developed a programme for the prevention of mother-to-child transmission. The pilot phase will cover more than 100,000 women in its first year. At the end of the pilot phase, ending this December, the programme will be implemented throughout South Africa.

In addition, a new programme to provide a package of care, including antiretroviral therapy, to survivors of rape has been instituted, and a bill was approved for submission to Parliament on compulsory HIV testing of alleged sexual offenders, which provides for a speedy and uncomplicated mechanism for victims of sexual offences to apply for the alleged perpetrator to be tested for HIV/AIDS, with the results disclosed to the victim.

Through the Department of Social Development, activities relating to the support of children orphaned by HIV/AIDS are coordinated. They include the provision of social grants, as well as the distribution of food parcels. We have also allocated additional resources amounting to 450 million rands over three years, targeted at children infected and affected by the epidemic. That includes, inter alia, a comprehensive approach to caring for orphans, as well as accelerating the implementation of a life-skills programme as a compulsory element of the curriculum in schools.

Civil society and community participation, through volunteerism and assistance to orphans and persons living with HIV/AIDS, increases on a daily basis. We are encouraged by the response from South Africans to the call for help in a spirit of oneness.

My delegation takes note of the recommendations issued in document A/57/227 and supports the Secretary-General's recommendations to appeal once again to the international community to increase assistance significantly to countries lacking sufficient resources.

It is also our view that the global HIV/AIDS research programmes for a safe and effective preventive vaccine should remain a global priority. In this regard, the South African Medical Research Council will initiate South Africa's first HIV/Aids vaccine trials early next year. The first phase of the trials could start as early as February, on condition that enough volunteers make themselves available. The trials will be done in conjunction with Johns Hopkins University in the United States and other chosen sites.

The Secretary-General, in his report, also identifies a key element that many countries face in dealing with the pandemic — building capacity to enhance effective interventions. South Africa has to deal with large numbers of persons infected and affected by HIV/AIDS, and we need vast resources, particularly human and financial resources.

Like many other countries in Africa, we, too, struggle with the challenge of having insufficient capacities, especially in our health sector and in our communities. Training community health workers to promote prevention and to provide home-based care and counselling for HIV/AIDS patients poses a constant challenge.

One of the important outcomes of the special session was the establishment of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria as a financing mechanism for additional resources. The Global Fund was born out of the understanding that more than $10 billion are required yearly to address HIV/AIDS and related infectious diseases. My delegation notes with some concern that, to date, only $2 billion have been committed to the Fund. It is the view of my delegation that, in order to progress in implementing the special session's Declaration of Commitment on HIV/AIDS, the Fund must be strengthened and the process and procedures related to accessing resources through successful applications of the Global Fund should be accelerated.

In conclusion, the African Union has identified HIV/AIDS as a critical challenge that requires total commitment at all levels of society. Africa has been actively engaged on this issue. The leaders of our continent and Governments have met on numerous occasions to pledge their political commitment to protect and prevent this and other infectious diseases in Africa.

The New Partnership for Africa's Development deals extensively with the issue of development and health, including HIV/AIDS and related diseases, and emphasizes the need to reduce the root causes of the pandemic, such as underdevelopment, poverty and limited access to resources.

Finally, the motto of the multisectoral programme on HIV/AIDS in South Africa is "All our actions count". South Africans all agree that more must be done to curb the huge human tragedy unfolding in my country. My delegation would like to suggest that, as a global forum, taking into account all partners identified in the Declaration, we as a collective adopt this motto as a way forward: "All our actions count".

Programme of work

The Acting President: I should like to draw members' attention to the draft resolution contained in document A/57/L.13/Rev.1, entitled "Open-ended panel of the General Assembly on 'Afghanistan: one year later'", issued under agenda items 21 (d) — "Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance: Emergency international assistance for peace, normalcy and reconstruction of war-stricken Afghanistan" — and 37 — "The situation in Afghanistan and its implications for international peace and security".

The General Assembly will take action on that draft resolution on Monday, 11 November, in the afternoon as the second item.

The meeting rose at 6.10 p.m.